

OHIO DEPARTMENT OF HEALTH PERMIT TRANSMITTAL FOR PRIVATE WATER SYSTEMS

Fees submitted for the Private Water Systems Program by the Board of Health as per Sections 3701.344, 3701.347, and 1521.05 of the Revised Code and Section 3701-28-06 of the Administrative Code. **0612470 DEC 3 15** Fees and forms must be submitted as required in section 3709.092 of the Revised Code.

Name of Health District: *Meigs County*

Ohio Department of Health State Fee

Number	Amount	Type
<i>/</i>	x \$ 74.00	New Installation Permits
	x \$ 0.00	Alteration Permits
	x \$ 0.00	Sealing Permits
	\$ <i>74.00</i>	Total ODH State Fee amount accompanying this report

Ohio Department of Natural Resources State Fee

Number	Total Amt Collected	LHD Retained	Submitted ODNR Amt	Type
<i>/</i>	x \$ 20.00	x \$ 2.00	x \$ 18.00	New Installation Permits requiring a well log
	\$ <i>20.00</i>	\$ <i>2.00</i>	\$ <i>18.00</i>	Total ODNR State Fee amount accompanying this report

This is to certify that the private water systems listed on the attached permit report and summarized above have been issued in accordance with Chapter 3701-28 of the Ohio Administrative Code and that permits were issued.

Date From: *7/1/15*

Date To: *9/30/15*

State Of Ohio
GENERAL RECEIPT

OHIO DEPARTMENT OF HEALTH
ENVRNM. HLTH & RAD

Receipt #: 00612470
Batch #: 16-3213

Received For: MEIGS COUNTY HEALTH DISTRICT
From: MEIGS COUNTY AUDITOR

Date Received: 12/3/2015

Amount: \$74.00
For: PRIVATE WATER SYSTEMS

Check #: 16921

Received By: Debi Santarelli

****If state fees are not collected or permits are not issued during the above referenced quarterly time period, transmittals and reports must still be submitted by the above referenced submittal date.**

<u>Name of Health District</u>		<u>Permits Issued</u>	<u>Permit Year</u>	<u>Quarter</u>
MEIGS COUNTY			2015	3RD
<u>Contact Person</u>	<u>Phone #</u>	<u>Date From</u>	<u>Date To</u>	
Steve Swartzel	740 444 4281	07/01/2015	9/30/2015	

[illegible]

\$ 24.00	\$ 18.00
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(only add totals to last page)

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